



Battle River School Division

EXPENSE CLAIM FORM

Name: Wilm, Natasha L [REDACTED]

Location: Div Office

Month: September

IMPORTANT: Expense claim must be submitted **WITHIN TWO MONTHS** from the end of the month the claim is for. Expenses submitted after this date will **NOT** be reimbursed.

Please ensure **ALL** receipts are attached to your claim.

Bus Drivers: Do **NOT** claim field trip expenses (claim on the applicable "Trip Report" form).

Other Expenses: (Please Attach Receipts)

Date	Department	Vendor	Particulars	Books	Enter GST on Invoice	Total Invoice Amount
				<input type="checkbox"/>		
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				<input type="checkbox"/>		
				<input type="checkbox"/>		
				Subtotals	0.00	0.00

REGULAR BUSINESS EXPENSES

Mileage and Meal Information: *Check this box if your mileage claim for the calendar year exceeds 5,000 KMS

Date (YYYYMMDD)	Purpose	From/To Destination	Km's Round Trip	One Way Only	Total KMs	Total Mileage Expense	Breakfast	Lunch	Dinner
12-Sep-2023	AAPS-I Meeting	Camrose to Edmonton	200	<input type="checkbox"/>	200.00	136.00	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
15-Sep-2023	School Visits	Camrose to Hay Lakes	66	<input type="checkbox"/>	66.00	44.88	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
19-Sep-2023	Tipi Raising	Camrose to Round Hill	58	<input type="checkbox"/>	58.00	39.44	<input type="checkbox"/> 11.00	<input type="checkbox"/> 15.00	<input type="checkbox"/> 23.50
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorizer Comment:

▼ FINAL AP SECTION

Task ID: 0000079129 - Created: 13-Oct-2023 12:01.11 PM - By: Rhae-Ann Holoien - Processed: 16-Oct-2023 11:39.38 AM - By: Charlene Fedyk



Action Taken: Approve Expense

Fiscal Period:202402

Vendor Number: [REDACTED] - Wilm, Natasha L

Invoice Description:

EXP claim-mileage

GL Account Number	Taxes Included	Amount	Tax Code	Tax Amount
20700000000660003		136.00	G	6.48
13044000000000001		84.32	G	4.02
Total Without Taxes:				209.82
Tax Total:				<u>10.50</u>
Total With Taxes:				220.32